

!!!!!!! DISTRICT LETTERHEAD !!!!!!!

Date:

Contact Name:

District Name:

Address:

Phone Number:

E-mail Address:

Fax Number:

Form 471 Application Number:

Billed Entity Number:

Funding Request Number:

Vendor Name (taken from FCDL):

Vendor SPIN: (taken from FCDL):

New Vendor Name:

New Vendor SPIN:

Effective Date of SPIN Change:

Certification by applicant that this SPIN change request satisfies the requirement that:

- the SPIN change is allowed under State and Local Procurement Rules;
- the SPIN change is allowable under the terms of the contract between the applicant and its original service provider;
- the applicant has notified its original service provider of its intent to change service providers

Please send confirmation that this SPIN change has been executed to me at the address listed above.

Signature

Mail this signed form to:
SPIN Change Request
Schools and Libraries Division
Box 125, Correspondence Unit
80 South Jefferson Road
Whippany, NJ 07981